

**BECHTEL NEVADA**  
**RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE / WAIVER FORM**

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

Employers Name and Address \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Glove Size \_\_\_\_\_ Tyvex Suit Size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Boot Size \_\_\_\_\_

Are you trained to wear a nrespirator? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Respirator Size \_\_\_\_\_

Are you trained to wear Self Contained Breathing Respirator (SCBA)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN OR COMPANY MEDICAL REPRESENTATIVE**

Does the patient now have or have they ever had any of the following:

	Yes	No
1. Cardiovascular Disease	_____	_____
2. Pulmonary Disease	_____	_____
3. Smoke Tobacco	_____	_____
4. Persistent Cough	_____	_____
5. Heart Trouble	_____	_____
6. Shortness of Breath	_____	_____
7. History of Fainting or Seizures	_____	_____
8. High Blood Pressure	_____	_____
9. Diabetes	_____	_____
10. Fear of Tight or Enclosed Places	_____	_____
11. Sensation of Smothering	_____	_____
12. Heat Exhaustion or Heat Stroke	_____	_____
13. Ruptured Ear Drum	_____	_____
14. Defective Vision	_____	_____
15. Defective Hearing	_____	_____
16. Contact lenses or glasses	_____	_____
17. Taking Prescription Medication	_____	_____
18. Problems wearing a respirator	_____	_____
19. Other conditions that might interfere with respirator use or limit work ability	_____	_____

Please explain any YES answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that I have been seen by a physician/company medical professional and been approved to wear a respirator **FOR TRAINING PURPOSES ONLY** for participation in the Bechtel Nevada WMD Training exercises at the Nevada Test Site.

**I will take full responsibility in doing so and release Bechtel Nevada from any responsibility.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Physician Signature/Company  
Medical Representative: \_\_\_\_\_ Lic #: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Privacy Act Statement**

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.